Mosquito-Borne Illness Surveillance Form

Texas Department of Health

Infectious Disease Epidemiology and Surveillance Division

Austin, Texas (512) 458-7228

P A T I E N T	Name:	ip Code)		(City)	(MI		$_{1},\mathbf{A}=\mathbf{A}\mathbf{s}\mathbf{i}\mathbf{a}$	nn, O = Other)
C O U R S E	Date of Onset: Was patient hospitalized? YES NO If YED Date of admission: Date of discharge: Outcome: Recovered, no sequelae Recovered, long term sequelae Attending Physician: (Name) Address: (Street) Check all that apply: Dengue SLE			Discharge diagnosis:				
E D I C A L H I S T O R Y	Fever Max temp: ° F Pulse at time of max temp: ChillsHeadacheAnorexiaNausea/vomitingRetro-orbital painLumbo-sacral painMyalgiasJoint/bone painSevere malaiseRespiratory symptomsAltered tasteCutaneous hypersensitivityRash (describe)LymphadenopathyPetechiae, purpura, epistaxisStiff neckDrowsinessConfusionTremorUrinary symptomsAbnormal reflexesAtaxiaCranial nerve palsiesConvulsionsComaVertigoParalysisMuscle twitch	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y	
	Does the patient have a history of alcohol abuse? YES NO Does the patient have a history of diabetes? YES NO Is patient pregnant? YES NO If YES, how many months at time of onset?:							

Etiologic diagnosis: ___SLE ___WEE ___EEE ___CE ___VEE ___Dengue ___Other:__

		Date of specimen >								
S E R O L O G I C	Test for	Circle type of test	Show result below	Show result below	Show result below	Laboratory Name				
	Dengue	CF HI IgM PCR								
	Yellow fever	CF HI IgM PCR								
	SLE	CF HI IgM PCR								
	EEE	CF HI IgM PCR								
	WEE	CF HI IgM PCR								
	VEE	CF HI IgM PCR								
E	CE	CF HI IgM PCR								
S T	Measles	CF HI IgM PCR								
S	Rubella	CF HI IgM PCR								
	Parvo	CF HI IgM PCR								
	Murine typhus	CF HI IgM PCR								
	RMSF	CF HI IgM PCR								
	Ehrlichia	CF HI IgM PCR								
	Other			<u> </u>						
I	Specimen date	Results		Serotype	Serotype					
S O										
L A										
T										
E S										
0	Specimen date	Test	Results	Specimen date	Test	Results				
T H		WBC			Aldolase					
E R		Diff			СРК					
K		Platelets			CSF/WBCs					
		SGOT			CSF glucose					
		SGPT			CSF protein					
		13(11-1	Occupation:							
E										
P		usiness or industry, location	n, work shift, and % of time	e spent outside)						
P I D	(Give exact job, type of b			e spent outside) _						
P I	(Give exact job, type of b Prior military service?	usiness or industry, location	f discharge:	-	to onset? YES NO					
P I D E M I	(Give exact job, type of b Prior military service? Y Does the patient have a h	usiness or industry, location YES NO If YES, date of	f discharge:r other international destin	-	to onset? YES NO					
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Agency:		Date:	IDEAS FORM 7	(11/98 revision)
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